

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026222

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 884

FILED JUL 17 1962

1. PLACE OF DEATH

a. COUNTY BUTLER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN POPLAR BLUFFLength of stay in 1b
1 hr.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION DOCTORS HOSPITALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY STODDARD

c. CITY OR TOWN BLOOMFIELD,

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
ROUTE # 2,Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
CHARLESMiddle
DELBERTLast
SWINDELL

4. DATE OF DEATH

Month
JULYDay
5,Year
19625. SEX
male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
9-30-19039. AGE (last birthday)
58IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR.
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Ret. Feed Mill Laborer10b. KIND OF BUSINESS OR INDUSTRY
Feed Mill11. BIRTHPLACE (City and state or country)
ADVANCE, MISSOURI12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

HALL ALEXANDER SWINDELL

13b. MOTHER'S MAIDEN NAME

ROSELA STACY

14. NAME OF HUSBAND OR WIFE

ARLIE SWINDELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Chas. Swindell, Bloomfield, Mo. Rt. 2

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

cerebral hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH
acuteConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Rupture cerebral artery

acute

DUE TO (c)

Arteriosclerosis

Chronic

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Malnutrition, Hypertension & Heart Failure

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 6, 1961, to 5-1-61 and last saw her alive on July 5, 1962
Death occurred at 1:30 p. m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

William J. Frutes, D.O.

22b. ADDRESS

Bloomfield, Mo.

22c. DATE SIGNED

7-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal23b. DATE
7/5/196223c. NAME OF CEMETERY OR CREMATORY
GEORGE CEMETERY23d. LOCATION (City, town, or county)
STODDARD COUNTY, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

CHILES UND. CO. BLOOMFIELD, MO.

25. DATE RECD. BY LOCAL REG.

7/10/1962

26. REGISTRAR'S SIGNATURE

Thelma Graham

REMOVAL PERMIT OBTAINED

AUG 21 1962

SEP 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer _____

Signed Ivan C. Cooper

Licensed Embalmer No. 4119

P. O. Address BLOOMFIELD, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.